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FAX COVER SHEET

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FAX NUMBER: 571-273-8300	FAX NUMBER:
DATE: 07/13/2007	PHONE NUMBER: 702-917-5681
RE: Amendment/Reply	TOTAL NO. OF PAGES INCLUDING COVER 7

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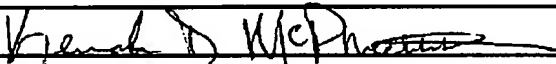
PTO/SB/21 (04-07)

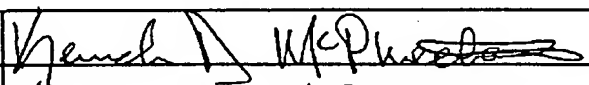
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/622259	
	Filing Date	7/18/2003	
	First Named Inventor	KENDRA D. MCPHEETERS	
	Art Unit	1615	
	Examiner Name	HASAN S. AHMED	
Total Number of Pages in This Submission	7	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="text-align: center;">AMENDED CLAIMS</p>
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name		
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Printed name	KENDRA D. MCPHEETERS	
Date	7/11/2007	Reg. No.

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
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Typed or printed name	KENDRA D. MCPHEETERS	Date 7/11/2007

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial Number: 10/622289

Appn. Filed: 07/18/2003

Applicant(s): Kendra D. McPheeters, Phillip A. Cornwell, Charles M. Cornwell

Appn. Title: One time use disposable styptic product

Examiner: Hasan S. Ahmed

Art Unit: 1615

AMENDMENT AND RESPONSE TO OFFICE ACTION

Commissioner for Patent
P.O. Box 1450
Alexandria, VA 22313-1450

To whom it may concern:

In response to the Office Action mailed June 22, 2007, please amend the above application as follows:

- ☒ DRAWINGS: The amended drawings are properly identified as requested.
- ☒ CLAIMS: The claims are shown with proper status identifiers as requested.